

Date:	Inspector:	Site Identification Name:
Wireless Radio Components		
Radio Equipment #1		Associated Antenna
<p>Facility Owner: _____</p> <p>County: _____</p> <p>Date Installed(yyyy-mm-dd): _____</p> <p>Radio Type:</p> <p><input type="checkbox"/> Broadcast <input type="checkbox"/> DSRC <input type="checkbox"/> Highway Advisory Radio</p> <p><input type="checkbox"/> Land Mobile Radio <input type="checkbox"/> Leased Cellular</p> <p><input type="checkbox"/> Low Band <input type="checkbox"/> Microwave <input type="checkbox"/> Motorist Aid System</p> <p><input type="checkbox"/> RF Amplifier <input type="checkbox"/> RFID Transceiver <input type="checkbox"/> Satellite</p> <p><input type="checkbox"/> Spread Spectrum <input type="checkbox"/> UHF Receiver Multi Coupler</p> <p><input type="checkbox"/> Other: _____</p> <p>Frequency Band: _____</p> <p>FCC Call Sign: _____</p> <p>FCC License Expiration Date: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p> <p>Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____</p> <p>Fiber Connector Type: _____</p> <p>Input Voltage: _____ Load/Draw Amps: _____</p>		<p>Tower SIN: _____</p> <p><u>If Tower Support Structure Attribute Form Completed</u> <u>You Can Skip The Following Antenna Attributes</u></p> <p>Origination SIN (A Side): _____</p> <p>Destination SIN (Z Side): _____</p> <p>Antenna is built-into the Radio Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Antenna Mount Type: <input type="checkbox"/> Direct <input type="checkbox"/> Pipe <input type="checkbox"/> Side Arm</p> <p><input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever STR <input type="checkbox"/> Overhead STR</p> <p><input type="checkbox"/> Wall <input type="checkbox"/> Other: _____</p> <p>Antenna Type: <input type="checkbox"/> Yagi <input type="checkbox"/> Panel <input type="checkbox"/> Omni <input type="checkbox"/> Dish</p> <p><input type="checkbox"/> Other: _____</p> <p>Polarization: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal</p> <p>Year Installed: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Point of Attachment (Height): _____</p> <p>Antenna Location on Tower: <input type="checkbox"/> A <input type="checkbox"/> AB <input type="checkbox"/> AC</p> <p><input type="checkbox"/> B <input type="checkbox"/> BC <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Unknown</p> <p>Antenna Direction (Azimuth-Degrees): _____</p> <p>Antenna Jumper Size (Pigtail)(In): _____</p> <p>Antenna Jumper Length (Ft): _____</p> <p>Comm Cable Type: _____</p> <p>Comm Cable Size (In): _____</p> <p>Comm Cable Length (Ft): _____</p> <p>Comm Cable Connector Type: _____</p>